

**THE OFFICE OF THE INSPECTOR GENERAL**

**DMHMRSAS**

**NORTHERN VIRGINIA MENTAL HEALTH INSTITUTE**

**SNAPSHOT INSPECTION**

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**INSPECTOR GENERAL**

**OIG REPORT # 49-01**

**EXECUTIVE SUMMARY**

An unannounced Snapshot Inspection was conducted at the Northern Virginia Mental Health Institute (NVMHI) in Falls Church, Virginia on November 9, 2001. The purpose of a snapshot inspection is to conduct an unannounced inspection of a facility with a primary focus on three quality of care areas. During this type of inspection, the team reviews (based on observations, interviews and the review of supporting documentation) the following: the general conditions of the facility, including cleanliness and comfort; whether there are adequate numbers of staff; and the availability of activities designed to promote recovery.

Overall, the facility was noted to be clean and comfortable. The facility continues to work on making the environment appear less institutional. Added security measures were noted.

Staffing patterns were noted to be adequate to provide an appropriate level of supervision and staff-patient interaction.

The facility administration has developed and enhanced both the medical and active psychosocial rehabilitation treatment needs for this adult chronically mentally ill population. This was demonstrated through observations of daily activities, staff and patient interactions and record review of treatment plans. Historically, access to medical treatment and psychosocial rehabilitation were areas of deficiency identified by the Department of Justice at NVMHI.

**Facility:** Northern Virginia Mental Health Institute  
Falls Church, VA

**Date:** November 9, 2001

**Type of Inspection:** Unannounced Snapshot Inspection

**Reviewers:** Cathy Hill, MEd  
Laura Stewart, LCSW  
Heather Glissman, BA

**Purpose of the Inspection:** To conduct an inspection of the general environmental conditions, staffing patterns and activities of the patients.

**Sources of Information:** Interviews were conducted with both administrative and clinical staff. Documentation reviews, included but was not limited to; patient(s) medical records, staff schedule sheets, program descriptions and activity/program schedules. Activities and staff/patient interactions were observed during a tour of the facility.

<b>GENERAL ENVIRONMENTAL ISSUES</b>
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**Finding 1.1: The facility was clean, comfortable and well maintained.**

Background: Members of the review team completed a tour of the facility. The facility was noted to be clean and well maintained. Old carpeting had been replaced in several high traffic areas since the last inspection. Patients interviewed reporting feeling safe and comfortable in this environment. The facility staff has made efforts to maximize independent functioning for patients as much as possible.

**Recommendation: Continue to maintain the facility and maximize efficient use of limited space.**

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**Finding 1.2: There is a new security measure in place that involves the use of car tags for the identification of vehicles.**

Background: Increased security measures were noted during this snapshot inspection. In addition to the standard procedures previously established at the facility, the use of car identification tags have been added. This procedure requires the visitor to report the make and model of their vehicle at the time of sign-in. A tag is given the visitor for display on the rearview mirror or other visible spot in the car. This enables security to quickly identify any vehicles on the premises that are not “registered”.

**Recommendation: Continue efforts at creating a safe and secure environment**

<b>STAFFING ISSUES</b>
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**Finding 2.1: Staffing patterns for nursing services were adequate.**

Background: A staff schedule was obtained and verified during the tour of the units. The team’s observations were that these staffing levels were appropriate for providing quality care to the patients. Observations of the interactions between the staff and the patients appeared positive. Staff was noted to treat patients with dignity and respect. Nursing Administration is working at the local and state levels to address the nursing shortage faced by the Commonwealth. Some consumers commented that the nursing staff is variable with regard to their involvement with patients and sometimes seem overburdened by paperwork.

**Recommendation: Continue to provide adequate staffing patterns.**

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**Finding 2.2: Direct care staff were knowledgeable regarding policies and procedures relevant to abuse and neglect.**

Background: Four direct care staff , one from each unit, were surveyed regarding the mission of the facility and its attitude toward abuse and neglect. All staff were conversant on abuse and neglect policies. There was some inconsistencies in knowledge regarding the route of reporting abuse and neglect, but all identified a person in an administrative position to whom they would report an allegation. Each staff member verbalized the need to be aware of these policies and the importance of preventing abuse and neglect. All discussed appropriate mechanisms for coping with frustrating and difficult patients.

**Recommendation: Continue to promote staff awareness of abuse and neglect.**

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**Finding 2.3: Mandatory overtime was uncommon.**

Background: All four of the direct care staff interviewed regarding overtime issues indicated that mandatory overtime was rare and only enforced to protect the safety of the patients. In the rare instance when overtime occurred, it was generally not needed for a full shift, rather only to provide several hours of staff overlap based on patient instability. Throughout the inspection, it was evident that the previously noted improvement in staff morale and satisfaction had been sustained. Three of the four staff members interviewed had been at the facility for greater than three years. Staff continued to verbalize feeling supported. The stability and responsiveness of the current facility administrative staff coupled with a resolution of concerns identified by the Department of Justice have enabled staff to focus on their professional duties.

**Recommendation: Continue to provide a supportive environment for maintaining and retaining staffing patterns that enables overtime use to remain rare.**

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**Finding 2.4: Nursing notes were consistently documented and identified significant issues associated with patients' treatment and continued need for hospitalization in the records reviewed.**

Background: Eight records were reviewed. All records contained regular, updated nursing progress notes. These included the weekly summary note as well as the daily flow sheets, which are used to document each patient's behavior, activities and mental/medical status. The quality of the documentation was sufficient to provide an overview of care, and also reflected the course of treatment as described by several patients interviewed.

**Recommendation: Continue to maintain appropriate and timely nursing notes in accordance with written policies and procedures.**

## ACTIVITY OF PATIENTS

### **Finding 3.1: The Psychosocial Rehabilitation program (treatment mall) continues to evolve in response to patient experience and individual treatment goals.**

Background: NVMHI continues to revise the role of the PSR program in the lives of their patients. Programming has become more fully integrated in all activities made available to the patients and extends into the evening and weekend programming. Groups are designed to assist patients in increasing socialization skills, promote community re-integration and understand symptom management. There is a family-patient education group, which is held weekly. The curriculum describes this group as a mechanism for both the patients and their families to identify and discuss issues associated with coping with mental illness. The group can typically accommodate a group of around 25 persons. Patients mentioned that at times, the changes in the treatment mall schedule or program content causes disruption and confusion regarding the treatment plan. This was a source of frustration for patients who might arrive at a scheduled group and find either no staff present or a different group being offered than they had expected.

**Recommendation: Continue to adapt the treatment mall so that rehabilitative needs of the current patients are addressed. Consultation with Central State Hospital regarding matching patient needs with the complex schedule may be helpful.**

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### **Finding 3.2: Discharge planning continues to be a significant challenge for this facility.**

Background: Four discharge records were reviewed. Two of the four persons recently discharged were released by judicial order without adequate discharge planning secured. This was not a result of anything that the facility failed to do; on the contrary there was adequate documentation to demonstrate repeated efforts on the part of various disciplines involved in the cases to assist the patients in securing appropriate follow-up and housing. Two of the four persons recently discharged were released by judicial order in situations that the staff would not have recommended. In these two records, there was ample documentation demonstrating repeated efforts on the part of various disciplines involved in the cases to assist patients in securing appropriate follow-up and housing. In one case, the person declined all offers for assistance and even refused to take his medications with him at the time of discharge. One other individual who related that he preferred to go to a homeless shelter upon discharge, also declined follow-up despite staff scheduling an appointment and notifying the proper persons of his impending discharge. Both of these individuals had a history of multiple hospitalizations. One had been discharged from a private facility only two weeks prior to this NVMHI hospitalization.

Two of the records demonstrated successful linkages for the persons being discharged. There was evidence that the patient and their families were active participants in the plans

being developed. Ongoing communication between the facility and the CSBs were evident.

**Recommendation: Continue to strive for successful linkages for all patients at the time of discharge.**